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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/434,247	
	Filing Date	5 November 1999	
	First Named Inventor	Ronald C. Mullin	
	Art Unit	2132	
	Examiner Name	Thomas R. Peeso	
Total Number of Pages in This Submission		Attorney Docket Number	2189-20

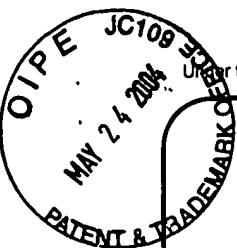
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	THE MAXHAM FIRM Lawrence A. Maxham, Reg. No. 24,483
Signature	
Date	18 May 2004

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FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Complete if Known

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TOTAL AMOUNT OF PAYMENT (\$) 420

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																																																					
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<input type="checkbox"/> Deposit Account: Deposit Account Number: 020460 Deposit Account Name: THE MAXHAM FIRM					<table><thead><tr><th>Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>420</td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td></td></tr></tbody></table>					Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	1051	130	2051	65		1052	50	2052	25		1053	130	1053	130		1812	2,520	1812	2,520		1804	920*	1804	920*		1805	1,840*	1805	1,840*		1251	110	2251	55		1252	420	2252	210	420	1253	950	2253	475		1254	1,480	2254	740		1255	2,010	2255	1,005		1401	330	2401	165		1402	330	2402	165		1403	290	2403	145		1451	1,510	1451	1,510		1452	110	2452	55		1453	1,330	2453	665		1501	1,330	2501	665		1502	480	2502	240		1503	640	2503	320		1460	130	1460	130		1807	50	1807	50		1806	180	1806	180		8021	40	8021	40		1809	770	2809	385		1810	770	2810	385		1801	770	2801	385		1802	900	1802	900	
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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Lawrence A. Maxham	Registration No. Attorney/Agent	24,483	Telephone	619-233-9004
Signature				Date	18 May 2004

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